

**SITE REVIEW FORM (*SELF-PREPARATION PROGRAMS*)
SUMMER FOOD SERVICE PROGRAM**

NOTE: To be completed during first four weeks of operation.

Sponsor: _____ Site Name/Number: _____

Site contact: _____
Name Title

Site address: _____

Telephone: _____ Date of review: _____

Monitor's arrival time: _____ Departure time: _____

Site supervisor: _____

Regular site: _____ Camp site: _____ Average daily participation: _____
(if applicable)

Today's attendance: _____ Approved meal service time: _____

Type(s) of meals reviewed:

Day of visit	Breakfast	Snack	Lunch	Snack	Supper
# meals prepared					
# meals/milk from previous day					
Time meals were served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					

Food item	Quantity used in preparation	Allowable servings per unit	Number of servings		Short/over
			total available	total needed	

Site Review Form (*Self-Preparation Programs*) Continued

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW
_____	_____	1. Are meals served as a unit? (note if OVS site.)
_____	_____	2. Do meals meet the menu as planned?
_____	_____	3. Do meals meet meal pattern requirements?
_____	_____	4. Are meals served during assigned meal times?
_____	_____	5. Are all meals served and consumed onsite? (Check with sponsor to find out if fruits or vegetables can be taken off-site.)
_____	_____	6. Are meals planned and prepared with one meal per child in mind?
_____	_____	7. Are meals served as second meals excessive?
_____	_____	8. Are accurate point-of-service counts taken of meals served?
_____	_____	9. Does site have a place to serve children meals in case of inclement weather?
_____	_____	10. Is required health department certification available for inspection?
_____	_____	11. Is an inventory record being kept?
_____	_____	12. Are receiving reports and purchase invoices kept?
_____	_____	13. Does staffing pattern correspond to that listed on approved site application sheet?
_____	_____	14. Has site supervisor attended training session?
_____	_____	15. Are records of adult meals being kept?
_____	_____	16. Is there documentation of children's income eligibility, if applicable?
_____	_____	17. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
_____	_____	18. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	19. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	20. Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations?

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption by children (do not include fruits or vegetables taken off-site if allowed by the sponsor and State agency).	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit (do not include if OVS is allowed at the site).	_____	_____
6. Meal serving times not met.	_____	_____

CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION
7. No records	
8. Incomplete records	
9. Poor sanitation	
10. Other	

Corrective action discussed with (name and title):

Corrective action taken:

Site supervisor's comments:

Further action needed by (date):

I certify that the above information is correct:

_____	_____	_____	_____
Monitor's Signature	Date	Site Supervisor's Signature	Date

_____	_____
Sponsor Representative's Signature	Date

